

THE FOLLY OF MENTAL HEALTH DIAGNOSES

By Linda Gottlieb

I know my position on mental illness is controversial, but it did not originate from me. It originated from my mentor, Salvador Minuchin, the world-renowned, highly respected child psychiatrist. He does not believe in any intra-psychic or biochemically caused disorders. After 65 years of practice, he affirms that dysfunctional situations are the cause for virtually all mental health disorders. Diagnosis of mental health is not a science! There is no empirical evidence for any mental health diagnosis. You cannot inject the brain, withdraw serum, and have it analyzed. Mental health patients are guinea pigs. At least Dr. Minuchin's interpretation is optimistic: if you discard unhealthy relationships and situations, you will be symptom-free. Dr. M. recognizes that he is a salmon swimming upstream when he says this; but think about it: if his analysis was to become the norm, then 90% of the psychiatric community would need to go back to school and learn relationship therapy. And it would be more costly to the health insurance industry, which would now have to pay more for relationship therapy instead of the quick fixes of drug therapy. Our current state of psychiatric diagnosis is not science: how come medications need to be continually changed because they do not work? Yet you know when you take an antibiotic for an infection, it is highly likely that it will work and eliminate the symptoms. Dr. M's opinion is supported by recent research by Dr. Irving Kirsch at Harvard University who discovered that placebos were equally effective as antidepressants in treating mild to moderate depressed people. It was only the small percentage of highly depressed patients who responded better to antidepressants. And if you asked Dr. M, he would likely respond that it was the unnecessary psychotropic medications that initially caused these people's symptoms when such medications upset a NORMAL chemical balance. Do not take my word for it: read the many books by Dr. M. I found his wisdom to apply to the patients whom I treated for more than 40 years. I would be happy to debate this with any therapist who sees things differently: all you have to ask them is for their evidence of biochemical disorders, and they cannot cite any. They have to admit their diagnosis is based on impressions. In fact, a recent article in scientific American also revealed the inconsistency in mental health diagnosis, especially when it relates to depression and anxiety. This article concluded that depression and anxiety only reached the threshold of "could be accepted" as a diagnosis in the DSM. Think about that: we are medicating half the world serious medications serious side effects on the basis of "could be accepted." Would anyone seriously have an operation if the doctor stated that your diagnosis for the operation was only "could be accepted?"